	An Dar	B—ISSUE FEE	TRANSI	MITTAL		3\$
mplete and mail	r with applicable mes, to	Box ISSUE I Assistant Co Washington	ommissio	ner for Patents	, ,	10
ADG 0 6 2009	1		dru	ings ok per C	flia action	
LING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 and 4 should be completed when propopriate. All further correspondence including the Issue Fee eight, the Patient, advance form and notification of maintenance fees will be mailed to the current sepondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) citying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for intenance fee notifications.  RENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)				Note: The certificate of mailing below can only be used for domestic		
G F GALLINGER 7420 MILNER D COLORADO SPRI	R NGS CO 80920			AF.	Ballinger	(Signature)
APPLICATION NO.	FILING DATE TO	OTAL CLAIMS		EXAMINER AND GROUP	ART NIT	DATE MAILED
09/475,173	12/30/99 0	13 FI	SCHER	, А	2167	05/11/01
rst Named opticant QUICK,		35 USC	154 (b	) term ext.	= 0 Day	5
ATTY'S DOCKET NO.	CLASS-SUBCLASS B	ATCH NO. APP	PLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 BIC-TRL	280-204.00	0 G21	UTIL	ITY YES	\$620.00	08/13/01
Change of correspondence address or Ir Use of PTO form(s) and Customer Numl  Change of correspondence address ( PTO/SB/122) attached.  "Fee Address" indication (or "Fee Add	oer are recommended, but not or Change of Correspondence	required. (1 at the mark at th	) the names torneys or a e name of ember a re nd the names	on the patent front page, list of up to 3 registered patent gents OR, alternatively, Qua- a single firm (having, as a pistered attorney or agent) s of up to 2 registered patent yents. If no name is listed, no winted.	1 <b>G.F.G4</b> 2	llinger
ASSIGNEE NAME AND RESIDENCE DPLEASE NOTE: Unless an assignee is inclusion of assignee data is only appround the PTO or is being submitted under settling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY & STATE OR Or Please check the appropriate assignee Individual Corporation or of	identified below, no assignment has inplate when an assignment has inparate cover. Completion of the COUNTRY)  category indicated below (will	s been previously su his form is NOT a sub	e patent. bmitted to osititue for	4a. The following fees are ender of Patents and Tradema  Sue Fee Advance Order - # of  4b. The following fees or de DEPOSIT ACCOUNT NOTE (ENCLOSE AN EXTRA ISsue Fee Advance Order - # of	Copies  IUMBER COPY OF THIS FORM	hould be charged to:
THE COMMISSIONER OF PATENTS AND	TRADEMARKS IS requested	to apply the Issue F	ee to the ap	plication identified above.		
Authorized Signature)  IOTE; The Issue Fee will not be accepted agent; or the assignee or other party in trademark Office.	Ha / mger	policant; a registered	/O/			
Burden Hour Statement: This form is depending on the needs of the individuo complete this form should be sent Office, Washington, D.C. 20231. DO I ADDRESS. SEND FEES AND THIS Patents, Washington D.C. 20231	to the Chief Information Off NOT SEND FEES OR COM FORM TO: Box Issue Fee,	icer, Patent and Tri PLETED FORMS 1 Assistant Commiss	ademark TO THIS ioner for	00/08/2001 MYUSUF2 01 FC:242		73 20.00 gp
of information unless it displays a valid				-		